

**AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC
PHYSICIST, TRAINING, EXPERIENCE AND PRECEPTOR
ATTESTATION [RHA 4.21, 4.23.1.3, AND 4.52]**



Name of individual

Authorized Medical Physicist

Ophthalmic Physicist (go to page 4)

- Requested Authorization(s) (check all that apply)**
- 4.46 Ophthalmic use of strontium-90
 - 4.58 Teletherapy unit(s)
 - 4.58 Remote afterloader unit(s)
 - 4.58 Gamma stereotactic radiosurgery unit(s)

PART I -- TRAINING AND EXPERIENCE (Select one of the three methods below)

*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

AUTHORIZED MEDICAL PHYSICST

1. Board Certification

- a. Provide a copy of the board certification.
- b. If the board certification process has been recognized by the Nuclear Regulatory Commission or an Agreement State under RHA 4.21:
 - (i) Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
 - (ii) Stop here.
- c. If the board certification was issued on or before October 24, 2005 and is listed in RHA 4.23.1.3, attach:
 - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - (iii) Stop here.

2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above

- a. Go to the table in section 3.c. to document training for new device.
- b. If not board certified, skip to and complete Part II Preceptor Attestation.
- c. If board certified, provide a copy of the certificate and stop here.

3. Education, Training, and Experience for Proposed Authorized Medical Physicist

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
College or University	

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

AND

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of _____ who meets the requirements for an Authorized Medical Physicist.

**AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[RHA 4.21, 4.23.1.3, AND 4.52] (continued)**

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

a. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics			
Performing sealed source leak tests and inventories			
Performing decay corrections			
Performing full calibration and periodic spot checks of external beam treatment unit(s)			
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)			
Performing full calibration and periodic spot checks of remote afterloading unit(s)			
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)			

Supervising Individual**

License/Permit Number listing supervising individual as an authorized Medical Physicist

for the following types of use:

- Remote afterloader unit(s) Teletherapy unit(s) Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in RHA 4.21 and 4.24 for the types of use for which the individual is seeking authorization.

**AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[RHA 4.21, 4.23.1.3, AND 4.52] (continued)**

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma stereotactic Radiosurgery
Hands-on device operation			
Safety procedures for the device use			
Clinical use of the device			
Treatment planning system operation			
Supervising Individual <small>If training is provided by Supervising Medical Physicist, (If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.)</small>	License/Permit Number listing supervising individual as an authorized Medical Physicist		
for the following types of use:			
<input type="checkbox"/> Remote afterloader unit(s) <input type="checkbox"/> Teletherapy unit(s) <input type="checkbox"/> Gamma stereotactic radiosurgery unit(s)			

Authorization Sought	Device	Training Provided By	Dates of Training
4.46 Ophthalmic Use of strontium-90			

d. Skip to and complete Part II Preceptor Attestation.

**AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[RHA 4.21, 4.23.1.3, AND 4.52] (continued)**

4. Education, Training, and Experience for Proposed Ophthalmic Physicist

a. Complete the table below to document education;

Degree	Major Field
College or University	

b. Supervised Full-Time practical training and experience in medical physics

Yes. Completed 1 year of full-time training in medical physics under the supervision of _____ medical physicist at _____

AND

Yes. Completed 1 additional year of full-time work experience in medical physics at _____

under the supervision of _____ medical physicist.

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

c. Complete the table below to document training and supervised work experience.

Description of Training	Location of Training/License or Permit Number of Training Facility	Dates of Training*
The creating, modifying, and completing written directives.		
Procedures for administrations requiring a written directive		
Performing the calibration measurements of brachytherapy sources as detailed in RHA 4.51		
Supervising Individual	License/Permit Number	

d. Stop here

**AUTHORIZED MEDICAL PHYSICIST OR OPHTHALMIC PHYSICIST,
TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
[RHA 4.21, 4.23.1.3, AND 4.52] (continued)**

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section

Complete the following:

I attest that _____ has satisfactorily completed the 1-year of full-time training in medical physics and an additional year of full-time work experience as required by RHA 4.21.2
Name of Proposed Authorized Medical Physicist

AND

Second Section

Complete the following:

Training and Experience

I attest that _____ has training for the types of use for which authorization is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.
Name of Proposed Authorized Medical Physicist

AND

Third Section

Complete the following:

I attest that _____ is able to independently fulfill the radiation safety-related duties as an Authorized Medical Physicist for the following:
Name of Proposed Authorized Medical Physicist

- 4.46 Ophthalmic use of strontium-90 4.58 Teletherapy unit(s)
- 4.58 Remote afterloader unit(s) 4.58 Gamma stereotactic radiosurgery unit(s)

AND

Fourth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in RHA 4.21, RHA 4.23, or equivalent Nuclear Regulatory Commission or Agreement State requirements for Authorized medical physicist for the following:

- 4.46 Ophthalmic use of strontium-90 4.58 Teletherapy unit(s)
- 4.58 Remote afterloader unit(s) 4.58 Gamma stereotactic radiosurgery unit(s)

Name of Facility:		License/Permit Number:	
Name of Preceptor (Typed or Printed)		Telephone Number	Date
Signature			

Instructions for completing DHEC 0814E (AMP)

Title: Authorized User Training and Preceptor Attestation

Purpose: For the requesting individual to provide information on his/her training and experience in order to become an authorized medical physicist or ophthalmic physicist under RHA 4.21, 4.23.1.2 or 4.52.

Instructions:

Part I: Training and Experience

Please complete each section that will document the individuals training and experience for which authorization is sought.

Part II: Preceptor Attestation

This section must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

OFFICE MECHANICS AND FILING:

The retention schedule number for this form is 16305- Licenses (Active and Terminated).